

APPLYING VENDORS, SEE INSTRUCTIONS ON BACK

WIC – 24
Rev. 6/13

Vendor #: _____

(if applicable)

Vendor Name: _____

Milk	Quart	Half Gallon	Gallon
Whole	•	•	•
2% Lowfat/Skim	•	•	•
Soy		•	
Lactose Free		•	

Cheese	8 oz.	16 oz.
Block	"	"
Crumbled	"	"
Cubed	"	"
Sliced	"	"
Shredded	"	"
String	"	"

Dozen Grade "A" Eggs	
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Juice	12 oz.	46 oz.	48 oz.	64 oz.

Beans & Peas	16 oz. Bag Dry Beans/Peas	.
	15 to 16 oz. Can	.

Whole Grains	14 oz.	16 oz.
Brown Rice	■	■
Tortillas		■

Whole Grain Breads	12 oz.	.
	16 oz.	.
	24 oz.	.

Fish	3.75 oz.	5 oz.	6 oz.	7.5 oz.	15 oz.
Pink Salmon			■	■	
Sardines	■				■
Tuna		■	■		

Miscellaneous	8oz	16oz	18oz
Peanut Butter		☐	☐
Tofu (Vitasoy-NaSoya)	☐	☐	

Cereal	Sizes in Ounces	Price
B&G Foods Instant Cream of Wheat	12	₹
	28	₹
B&G Foods Whole Grain Cream of Wheat	18	₹
General Mills Multi-Grain Cheerios	12.8	₹
	16.2	₹
General Mills Toasted-Grain Cheerios	12.8	₹
	14	₹
	18	₹
	36	₹
General Mills Corn Chex	14	₹
General Mills Rice Chex	12.8	₹
General Mills Wheat Chex	14	₹
General Mills Fiber One Frosted Shredded Wheat	15.1	₹
General Mills Kix	12	₹
	18	₹
General Mills Honey Kix	12	₹
General Mills Wheaties	10.9	₹
	15.6	₹
Kellogg's All Bran Complete Wheat Flakes	18	₹
Kellogg's Corn Flakes	12	₹
	18	₹
	24	₹
	36	₹
Kellogg's Frosted Big Bite Mini Wheats	16	₹
	18	₹
	20.4	₹

Cereal (continued...)	Size in ounces	Price
Kellogg's Frosted Bite Size Mini Wheats	18	.
	24	.
Kellogg's Frosted Little Bites Size Mini Wheats	15.2	.
Kellogg's Unfrosted Mini Wheats	18	.
Post Bran Flakes	16	.
Post Grape Nuts	16	.
	24	.
	32	.
Post Grape Nut Flakes	18	.
Post Honey Roasted Honey Bunches of Oats	14.5	.
	18	.
Quaker Oat Bran Essentials	15.5	.
Quaker Original Flavor Instant Oatmeal	11.8	.
Quaker King Vitaman	10	.
Quaker Life	13	.
	18	.
Malt O Meal Crispy Rice	18	.
	36	.
Malt O Meal Frosted Mini Spooners	15	.
	18	.
	23	.
	27	.
	36	.
Malt O Meal Oat & Honey Blenders	12	.
	13.5	.
	18	.
	19.5	.
	24	.
	32	.
	36	.
Malt O Meal Original Hot Wheat Cereal	18	.
	28	.
	36	.
Mom's Best Naturals Oats & Honey Blend	12	.
	18	.

Infant (Miscellaneous)

Dry Infant Cereal	8 oz.	
Infant Fruits and Vegetables	4 oz.	

Infant Formula

Type	12.9 oz. Powder	12.7 oz. Powder	12.4 oz. Powder	4-pack 33.8 oz. Ready To Feed	12.1 oz. Concentrate
Good Start Gentle	•	•	•	•	•
Good Start Protect	•	•	•		
Good Start Soothe			•		
Good Start Soy	•	•	•	•	•

I, _____,
(PLEASE PRINT LEGIBLY THE NAME OF STORE REPRESENTATIVE)

Do hereby agree that the items listed in this form were available at the store indicated and the prices entered were the actual shelf prices. I understand this information is to be used to evaluate my inventory as set forth in the WIC Program Vendor Agreement item 1(b), is used in the comparison of prices actually charged for WIC food instruments and is used to evaluate prices for application. I understand that if my contract is terminated or not renewed for failure to meet inventory or failure to properly mark the prices of WIC food items, I cannot reapply for sixty (60) days from the day that I return my stamp or my application is denied for the first occurrence. A second occurrence will result in a 120 day disqualification and a third occurrence will result in a one (1) year disqualification. Applying vendor see back.

I further understand that I am to report to the State WIC Agency, within the next 14 days, any price increases. Failure to do so could result in overcharges. I have reviewed this approved items price list and received a copy of this form.

(SIGNATURE OF STORE REPRESENTATIVE) (DATE)

(MONITOR SIGNATURE)

INSTRUCTIONS

1. **Date Completed** – Enter the numerical month, day and year on which you are completing the Price List. For example, May 1, 2013 would be written as 05/01/2013.
2. **Vendor Number** – An applying store will leave the area blank.
3. **Name of Store** – Print the name of the store.
4. **Name of Representative** – Print the name of the store’s representative.
5. **Signature of Representative** - Enter the signature of the store’s representative.
6. **Date of Signature** – Enter the date signed by the store’s representative.
7. **Monitor’s Signature** – State Agency Use Only.
8. **Prices** – Complete prices for the WIC approved foods as outlined below.

PRICES ARE TO BE THE SHELF PRICES OF WIC APPROVED FOODS IN STOCK

Milk - Enter the lowest price brand in stock by size.

Cheese - Enter the lowest price brand in stock by size.

Eggs - Enter the highest price charged for eggs.

Juice - Enter the highest price for each type, brand, and size of juice in stock.

Dry Beans or Peas - Enter the highest price charged for sizes specified.

Canned Beans - Enter the highest price charged for sizes specified.

Whole Grain Products - Enter the highest price charged for each type and size in stock.

Whole Grain Bread - Enter the highest price charged for each type and size in stock.

Tuna/Salmon/Sardines - Enter the highest price charged for each type and size in stock.

Peanut Butter - Enter the highest price charged for sizes specified.

Tofu – Enter the highest price charged for brand and sizes specified.

Cereal - Enter the highest price for each type and size in stock.

Infant Cereal - Enter the highest price charged for size specified.

Infant Fruits and Vegetables - Enter the highest price charged size specified.

Infant Formula - Enter the highest price for each type and size in stock.

9. I do hereby agree that the items listed in this form were available at the store indicated and the prices entered were the actual shelf price. I understand this information is to be used to evaluate my inventory as set forth in the WIC Program Vendor Agreement item 1(b), is used in the comparison of prices charged for WIC food instruments, and is used to evaluate prices for application. For a retailer who is applying for the first time (and has not been terminated or not renewed) and is denied, then the retailer may reapply without a waiting period. If my application is denied again, I cannot reapply for sixty (60) days from the denial. A second occurrence will result in a 90 day disqualification and a third occurrence will result in a 120 day disqualification.
10. If an applying store, return this form with the properly completed Application to the appropriate Local Agency. If an authorized WIC vendor, return this form as directed.